

**INSTRUCTIONS FOR RATE TRANSMITTAL FORM  
INDIVIDUAL ACCIDENT & HEALTH (EXCEPT MEDICARE SUPPLEMENT)**

Please refer to the following instructions when completing the transmittal form. You are permitted to reproduce this form on a PC as long as the produced form is substantially the same.

**SECTION 1**

**Company OCI Number - *Do not use NAIC Number.*** This is usually the company's federal tax identification number. It can be obtained by calling our Bureau of Financial Examinations at (608) 266-0091.

**Submission Number**—Leave blank.

**Company Name and Mailing Address**—Name and address of the company making the filing.

**Contact Person**—Name of the person responsible for the rate filing.

**Telephone Number**—Telephone number of the contact person. Include the area code and extension number, if applicable.

**Effective Date**—The effective dates of the rates. If the effective date for renewal business is different from the effective date for new business, use the new business effective date. Enter all dates in numerals using the format MM/DD/YYYY.

**Product Category, Alpha Code**—A list of product categories and alpha codes are included in this packet. These codes are the same as used for form filings. Select the product category (one per filing) and the product code which best describes each form. One filing may contain several product codes. Please reserve the code "OTH" for those cases where no other coverage code fits "reasonably" well.

**SECTION 2**

**Form Number**—List the form number of each form addressed in the filing that has separate rates.

**Rate Change**—Show the overall rate change for each form rounded to one decimal place. If the rate change does not affect all forms equally (for example: different percent changes for different ages or different rating areas), report the average statewide change.

For new forms, show "N/A."

**Form Approval Date**—Indicate the date each form was approved for use in Wisconsin. For initial rate filings, show "N/A."

## Product Categories and Codes

### Product Category

#### Product

**Codes    Description**

#### Credit Accident & Health

ALL	All lines listed in credit accident & health
OTH	Credit accident & health, other
GMT	Group/monthly O.B. premium - truncated benefit
GMP	Group/monthly premium A&H
GSP	Group/single premium A&H
GST	Group/single premium A&H truncated benefit

#### Credit Life

ALL	All coverages listed in credit life
OTH	Credit life, other
GMT	Group/monthly O.B. life - A&H truncated benefit
GMP	Group/monthly premium life
GSP	Group/single premium life
GST	Group/single premium life - truncated benefit

#### Health & Life Miscellaneous

EMC	Excess managed care
OTH	Health & Life Misc., other
STL	Stop loss

#### Health Maintenance Organizations (HMO)

CVN	Conversion
OTH	HMO, other
IAH	Individual/accident & health
IDT	Individual/dental
IHC	Individual/home health care
ILT	Individual/long-term care
INH	Individual/nursing home
PHC	Pharmaceutical
POS	Point of service
VCO	Vision

#### Individual Accident & Health

AON	Accident only
ADD	Accidental death and dismemberment
ALL	All coverages listed in individual accident and health

### Product Category

#### Product

**Codes    Description**

#### Individual Accident & Health (continued)

CAN	Cancer
CVN	Conversion
DTL	Dental
DIN	Disability income
FRC	Franchise
HHC	Home health care
HIN	Hospital indemnity
HSM	Hospital-surgical-medical
OTH	Individual accident and health, other
LTC	Long-term care
MAM	Major medical
MDC	Nursing home
PHC	Pharmaceutical
SPD	Specified (dread) disease
TAC	Travel/accident
VOC	Vision
WAP	Waiver of premium

#### Limited Service Health Organizations (LSHO)

GCP	Group/chiropractic
GDT	Group/dental
GMN	Group/mental and nervous
GVC	Group/vision
ICP	Individual/chiropractic
IDT	Individual/dental
IMN	Individual/mental and nervous
IVC	Individual/vision
OTH	Group/chiropracticLSHO, other

#### Preferred Provider Plan (PPP)

IAH	Individual/accident & health
IDT	Individual/dental
IHC	Individual/home health care
ILT	Individual/long-term care
INH	Individual/nursing home
PHC	Pharmaceutical
POS	Point of service
OTH	PPP, other
VCO	Vision

**REMINDER: Medicare Supplement Rate Filings require use of a different Rate Transmittal Form**

**RATE TRANSMITTAL FORM  
INDIVIDUAL ACCIDENT & HEALTH  
(EXCEPT MEDICARE SUPPLEMENT)**



State of Wisconsin  
Office of the Commissioner of Insurance  
Bureau of Market Regulation  
P. O. Box 7873  
Madison, Wisconsin 53707-7873  
(608) 266-3585

**Ref:** Section 601.42 and ch. 625, Wis. Stat.  
Section Ins 3.13, Wis. Adm. Code

**PLEASE REFER TO INSTRUCTIONS WHEN COMPLETING FORM.** The instructions may be obtained from the Insurance Commissioner's Office at the above address.

**SECTION 1**

Company OCI Number	<b>FOR OCI USE ONLY</b> Submission Number
Company Name and Mailing Address	Contact Person
	Contact Person's Telephone Number
Product Category	Effective Date

**SECTION 2**

Form Number	Rate Change	Form Approval Date	Alpha Code
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____
_____	_____ . _____ %	_____	_____

**FOR OCI USE ONLY**

**DATE FILED:** \_\_\_\_\_

**INITIALS:** \_\_\_\_\_